

RECEIVED
CENTRAL FAX CENTER

12-12-05 05:03pm From-Greenberg

DEC 12 2005

+3105867940

T-657 P.003/005 F-868

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: SEGHEZZI, Andrea Examiner: To Be Determined
Serial No. 10/551,229 Group Art Unit: To Be Determined
Filed: September 27, 2005 Docket No. 58009-020200/US
Title: ***GAS MIXTURE, IN PARTICULAR FOR INFLATING THE TIRES OF VEHICLES***

CERTIFICATE UNDER 37 CFR 1.6(d)

I hereby certify that this correspondence is transmitted via facsimile only to the U.S. Patent and Trademark Office, Facsimile No. (571) 273-8300, on December 12, 2005.


Name: Sherry B. Kolber

MAIL STOP PCT (DO/EO/US)
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

PRELIMINARY AMENDMENT

Please amend the above-identified application prior to substantive examination as follows:

Amendments to the specification begin on page 2 of this paper.

Remarks begin on page 3 of this paper.

12-12-05 05:03pm From-Greenberg

+3105867940

T-657 P.001/005 F-868

RECEIVED
CENTRAL FAX CENTER

DEC 12 2005

**Greenberg
Traurig**

Transmittal Cover Sheet

From:
Robert Joseph FosterTel:
310.586.6565E-Mail:
FosterJ@gtlaw.com

To:	Fax No:	Company:	Phone No.:
United States Patent & Trademark Office	(571) 273-8300	United States Patent & Trademark Office	

File No.: 58009-020200

Re: Preliminary Amendment for U.S. Patent Application Serial No. 10/551,229

Date: December 12, 2005

No. Pages: Including Cover 5
SheetIf you do not receive all pages properly, please call the Sender.

Notes:

Re: U.S. National Phase Patent Application No. 10/551,229
Title: GAS MIXTURE, IN PARTICULAR FOR INFLATING THE TIRES OF VEHICLES
Filing Date: September 27, 2005
Applicant: Andre SEGHEZZI
Atty Docket No.: 58009-020200/US

Also sent via: ☐ US Mail ☐ Overnight ☐ Messenger ☐ Email ☒ No Other

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the address below via the U.S. Postal Service. We will reimburse you for your postage. Thank you.

2450 Colorado Avenue, Suite 400 E, Santa Monica, California 90404 Phone: 310.586.7700 Fax: 310.586.7800

DEC 12 2005

PTO/SB/21 (09-04)

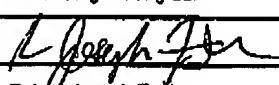
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/551,229	
	Filing Date	September 27, 2005	
	First Named Inventor	Andrea SEGHEZZI	
	Art Unit	To be assigned	
	Examiner Name	To be assigned	
Total Number of Pages In This Submission	4	Attorney Docket Number	58009-020200

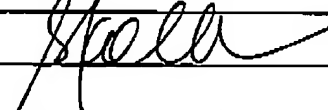
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PRELIMINARY AMENDMENT
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Greenberg Traurig LLP		
Signature			
Printed name	Robert Joseph Foster		
Date	12/12/2005	Reg. No.	56,953

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Sherry B. Kolber	Date	12/12/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.